September 3, 2018

Ajit Pai
Chairman
Federal Communications Commission
445 12th St SW
Washington, D.C. 20554

Attention: Letter of Support for the Connected Care Pilot Program

Dear Chairman Pai:

The College of Healthcare Information Management Executives (CHIME) is pleased to have the opportunity to submit comments on the Federal Communications Commission's (FCC) Connected Care Pilot Program, which stems from a Notice of Inquiry approved at the August 2 open Commission meeting. This $100 million pilot program would seek to utilize the Universal Service Fund to facilitate an increased delivery of connected care to patients outside of traditional brick-and-mortar healthcare facilities. CHIME appreciates the Commission's continual commitment to ensure that underserved Americans receive the healthcare services they need by supporting broadband connectivity. We are pleased to offer our letter of support for the new Connected Care Pilot Program.

CHIME is an executive organization serving more than 2,700 chief information officers (CIOs), chief medical information officers (CMIOs), chief nursing information officers (CNIOs), and other senior health information technology leaders at clinics and hospitals across the nation. The Association for Executives in Healthcare Information Technology (AEHIT) was launched in 2014 under CHIME to provide an education and networking platform to healthcare's senior IT leaders. Together, our members are responsible for the selection and implementation of clinical and business technology systems that are facilitating healthcare transformation. They are also among the nation's foremost health IT experts on a range of issues, including telehealth, and many of our members' organizations treat patients in underserved areas. We welcome the opportunity to share our insights with the Commission.

As a preliminary matter, we want to commend the Commission for listening to our request to boost the cap of the Rural Health Care Fund from $400 million to $571 million, especially given that the fund has not seen an increase since its inception 25 years ago. In that period, demands have continued to outpace available resources. We believe this increase will help improve access to care, including facilitating the use of telehealth to help bend the curve of opioid addiction that has gripped our nation in recent years. Additionally, we appreciate the Commissioner's remarks at the recent August 2nd meeting highlighting the potential for the Commission's healthcare programs to address the opioid epidemic.

As noted above, the new Connected Care Pilot Program would rely on funding from the Universal Service Fund (USF). Initially tasked under the Telecommunications Act of 1996 with subsidizing telephone service to low-income households and high-cost areas, the scope of the USF has expanded to include telecommunications service to rural

healthcare providers and public entities such as libraries or schools. Now that technology and telemedicine have assumed an increasingly critical role in healthcare delivery, patient connectivity is more important than ever. The potential to connect more underserved Americans through the new Connected Care Pilot Program is therefore welcomed. However, there are a several items that must be addressed in order for the pilot to be as successful and effective as possible in its goal to increase care quality for underserved populations.

CHIME recommends that as the FCC considers the following to best apply and utilize the Connected Care Pilot Program:

1. **Rurality score: Change the criteria by allowing localities to define and identify where broadband is deemed insufficient rather than rurality based on distance from urban areas as the deciding factor;**
2. **Administrative complexity: Streamline the application process for the new pilot program so that applicants may potentially reuse forms from their Rural Healthcare applications;**
3. **Mobile services: Support FCC's proposal to include both fixed and broadband services; and**
4. **Populations served: We recommend allowing giving localities the discretion to determine those with the greatest needs.**

To elaborate on our above key recommendations: In designing the new pilot, we are first concerned with the way the Commission arrives at a rurality score. Based on feedback from our members, we recommend the FCC not solely apply the rurality score based on distance from urban areas as determined by census data. For example, often our members find that low-income Americans in urban areas have a more difficult time getting access to care and have high no-show rates for appointments. Thus, we recommend need not be established by simply assessing how rural an area is; rather, we propose that subsidies from this new pilot program be based on where localities identify broadband funding is lacking. We also appreciate the need to care for our veterans and low-income Americans, however, we believe localities are best suited to identify true need within their own communities and this may include other populations. Although CHIME understands that the rurality and income can be important factors to consider, we do not believe they should not be the sole determining factors as there are many non-rural, yet drastically underserved, populations.

Another area in which the new pilot could use improvement and clarification is applicant paperwork. It's important that the FCC clarify whether the new pilot program will have its own application process with new forms and paperwork that must be filled out in order to be considered. Our members already grapple with multiple layers of federal requirements in our industry, which is the most regulated sector in the country. Therefore, anything that can be done to minimize the burden on providers is welcomed. To streamline the application and awards process so that it reaches the people who need it most, the FCC should consider a uniform application across the Rural Health Clinic (RHC) and new pilot programs. By allowing for one application process for both programs, the FCC would be allowing more efficient access to necessary resources for those underserved communities that can truly benefit from this new program.

CHIME would also like to commend the Commission's decision to focus on mobile devices in this new pilot program. With recent policies from the Centers for Medicare & Medicaid Services (CMS) aiming to better empower patients by requiring providers facilitate access to their medical records though application programming interfaces (APIs), as well as more policies that reimburse for remote health monitoring, mobile technology will become increasingly important to managing care. As citizens become more connected in their daily lives and healthcare's

drive to a patient-centered approach to care, improve access, and deliver better value, mobile connectivity is imperative. We thus support the focused approach on mobile connectivity as it will allow for a more effective strategy for helping underserved populations at higher efficiency than ever before.

In conclusion, CHIME appreciates the opportunity to provide input and welcomes the chance to continue to help shape important policies that improve the quality of care for patients. Should you have any questions about our letter, please contact Mari Savickis, Vice President, Federal Affairs, at Mari.Savickis@chimecentral.org.

Sincerely,

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